

Attorney Docket No.

RRTHP0102US

PATENT (OUS)

COMBINED DECLARATION AND POWER OF ATTORNEY

(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT)

As a below named inventor, I hereby declare that my residence, post office address and citizenship are as stated below next to my name; and I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Title: MASSAGE DEVICE

the specification of which

- [x] is attached hereto, or
- [] was filed as United States Application or PCT International Application (give Express Mail label number and deposit date if Application number not yet known):

Application No.:
(Express Mail Label No.)
Filing Date:
(Deposit Date)
Amended on (if applicable):

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56(a).

PRIORITY CLAIM

I hereby claim priority benefits under Title 35, United States Code, §119 of (i) any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed; and (ii) any United States provisional application(s) that is/are listed below.

[X]	no such applications have been filed.
ΙĪ	such applications have been filed as follows

EARLIEST FOREIGN/PROVISIONAL APPLICATION(S), IF ANY FILED WITHIN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION

COUNTRY	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED	
			Yes	No

ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION





IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applic:	ant or Pa	itantaa.	Rochelle R	oth	Attornovia Docket N	le DDTUDO400UO	
	al or Pat		_ Unknown	our	Attorney's Docket N	loRRTHP0102US	—
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		For:	MASSAGE	DEVICE			
	V	'ERIFIED	STATEMEN (37 CFR 1.9(1	T (DECLARATION f) and 1.27(c)) - S	N) CLAIMING SMALI MALL BUSINESS CO	L ENTITY STATUS ONCERN	
I hereb	y declare	e that I ar	m				
[X] []				ss concern identifi ss concern empow		of the concern identified b	oelow:
				Midtown Technol 6200 Euclid Aver	ogy ue, Suite 211, Clevel	and, Ohio 44103	<u>—</u>
defined §41(a) those of of the ba full-til affiliate other, o	in 13 C and (b) if its affili pusiness me, part s of eacl or a third	of Title ates, doe concern time or hother w party or	3-18, and rep 35, United Stes not exceed is the average temporary back when either, diparties control	produced in 37 CF ates Code, in tha 500 persons. Fo e over the previou sis during each o irectly or indirectly Is or has the powe	FR 1.9(d), for purpose the number of empty purposes of this state is fiscal year of the confit the pay periods of the control of the control both.	as a small business conces of paying reduced feet bloyees of the concern, in tement, the number of employeern of the person employeern of the person employeer to conce the fiscal year; and conce is or has the power to con	s under noluding ployees oyed on erns are ntrol the
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NAME (OF PERS	SON SIG	NING <u>Roch</u>	nelle B. Roth			
ADDRE	SS OF F	_			oad, Shaker Hts., Oh	io 44122	_
SIGNAT	URE	<u>Ro</u>	chelle	B. Roth	<u> </u>	5/25/00	



POWER OF ATTORNEY

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

Neil A. Duchez; Reg. No. 26,725;

Warren A. Sklar, Reg. No. 26,373;

Cynthia S. Murphy 33,430

The undersigned to this declaration and power of attorney hereby authorizes the U.S. attorney(s) named herein to accept and follow instructions from

Authorized representative:

as to any actions to be taken in the Patent and Trademark Office regarding this application without direct communication between the U.S. attorney(s) and the undersigned. In the event of a change in the person(s) from whom instructions may be taken, the U.S. attorney(s) will be so notified by the undersigned.

Send Correspondence To

Cynthia S. Murphy Renner, Otto, Boisselle & Sklar, P.L.L. 1621 Euclid Ave., 19th Floor Cleveland. Ohio 44115 **Direct Telephone Calls To:** (name and telephone number)

Cynthia S. Murphy

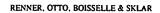
(216) 621-1113

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued therein.

Full Name of Sole	or First In	ventor: Rochelle B. Roth		
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- H. C. A. L. B.		11 D: 40-11	***********	**************************************
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Inventor's signature:		Brian Smith	Date:	5/25/80
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CHECK FOR ANY OF THE FOLLOWING ADDED PAGE(S) WHICH FORM A PART OF THIS DECLARATION

Į,	ΧJ	Signature for additional joint inventors.
[]	Added page to combined declaration and power of attorney for divisional, continuation, of
		continuation-in-part (CIP) application.
ſ	1	This declaration ends with this page.







ADDED PAGE TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR SIGNATURE BY THIRD AND SUBSEQUENT INVENTORS

Full Name of Additional Joint Inventor (if any): William Brazis						
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Inventor's signature:	A	Panses!	Date:	5/30/00		
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Inventor's signature:			Date:			
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Post Office Address:						
Full Name of Addit	ional Join	t Inventor (if any):				
Inventor's signature:			Date:			
Residence: (City & State	/Country):		Citizenship:			
Post Office Address:				•		
Full Name of Addit	ional Join	t Inventor (if any):				
Inventor's signature:			Date:			
Residence: (City & State	/Country):		Citizenship:			
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